



## RECIPROCITY FORM FOR THE STATE OF TENNESSEE

*Tennessee Department of Agriculture, Ag Inputs & Pesticides, Porter Building,  
PO Box 40627, Nashville, TN 37204 Phone (615) 837-5148 Fax (615) 837-5012*

Reciprocity applicants must complete this form and attach a copy of the front and back of their card.  
You will be notified by the reciprocity state if a fee is required.

\_\_\_\_\_  
**Applicators Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Home Address with city, state, and zip code**

\_\_\_\_\_  
**Work Address with employer name, city, state, and zip code**

\_\_\_\_\_  
**Home phone number**

\_\_\_\_\_  
**Work phone number**

\_\_\_\_\_  
**FAX number**

\_\_\_\_\_  
**Certification #**

\_\_\_\_\_  
**Certification Expiration Date**

\_\_\_\_\_  
**License #**

\_\_\_\_\_  
**License Expiration Date**

\_\_\_\_\_  
**Category of Certification or License**

\_\_\_\_\_  
**Category Description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **DO NOT WRITE BELOW – FOR VERIFYING STATE USE ONLY**

Was license or certification issued based on reciprocity? No\_\_\_ Yes\_\_\_ Which State\_\_\_\_\_

Has license or certification been suspended or revoked? No\_\_\_ Yes\_\_\_ (if yes, explain)

Pending Enforcement Action? No\_\_\_ Yes\_\_\_ (if yes, explain)

\_\_\_\_\_  
**Additional Information/Comments**

**Information verified by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Agency Address & phone**